Main Office:

STATE OF NEVADA
Board of Cosmetology

1785 E. Sahara, #255 Las Vegas, Nevada 89104 (702) 486-6542 Fax (702) 369-8064



Branch Office:

STATE OF NEVADA
Board of Cosmetology

4600 Kietzke Lane, Bldg O Suite 262 Reno, Nevada 89502 (775) 688-1442 Fax (775) 688-1441

Renewal Notice

Please be advised that your license will expire/ has expired. Please submit the following prior to your expiration date to continue your current license status:

- ➤ Every licensee who expires January 1st, 2011 and beyond is required to complete 4 CEU hours in Infection Control in order to renew. To take the class online free of charge, please visit our website at www.cosmetology.nv.gov and select Course Login under the box labeled Renewal. You will need to print the certificate of completion and include it with your renewal. *These hours will count toward your instructor CEU requirement.*
- ➤ The enclosed renewal form including the completed "Child Support Questionnaire"
 - The Child Support form must be filled out by all licensees regardless of your situation. One box must be checked and your social security number, date, and signature are required by federal mandate. Any child support form not filled out will be denied renewal.
 - A copy of legal proof of name changes such as a marriage certificate, a divorce decree, or citizenship papers are required if you are changing your name.
- Two current and identical PASSPORT photos:
 - Taken within the last 3 months.
 - Color photos ONLY on Glossy Photo paper with a white background.
 - Prints on paper are not acceptable.
 - o Face forward, no hats or sunglasses in frame.
 - Name and/or license number printed on the back of the pictures.
- Total renewal fee of \$70.00 in Money Order or Cashier's check (No Personal Checks or Cash);
 - Credit/Debit Cards will be accepted in person only: Visa, MasterCard or Discover only.
 - o Credit/Debit transactions require a matching government issued photo identification.
 - Late fees accrue at a rate of \$20.00 per month past your due date.
 - Make payable to Nevada Board of Cosmetology.
- ➤ All Instructors need to submit their required CEU's or 30 CEU's if this is your 1st renewal:
 - Only CEU's given by Nevada board approved providers will be accepted. Visit our website for a list of approved CEU providers and classes. www.cosmetology.nv.gov
- Please allow 4 weeks for processing to receive your Renewal License.

Sincerely,

Nevada State Board of Cosmetology

Renewal Form

Nevada State Board of Cosmetology

1785 E. Sahara Avenue, Suite 255 Las Vegas, Nevada 89104 (702) 486-6542 4600 Kietzke Ln #O-262 Reno, Nevada 89502 (775) 688-1442

Renewal Instructions

Total Renewal Fee of \$70.00. Late fees accrue at \$20 per month after expiry date.

This renewal application must be signed and mailed to our office. Remit to either above address.

CHILD SUPPORT INFORMATION ease mark the appropriate response (failure to mark one of the three will result in denial of the renewal): I am not subject to a court order for the support of one or more children and am in compliance with the order of ompliance with the plan approved by the District Attorney or other public agency enforcing the order for the releamount pursuant to the order I am subject to a court order for the support of one or more children and am NOT in compliance with the order of the order in compliance with a plan approved by the District Attorney or other public agency enforcing the order for payment of the amount pursuant to the order. Date:	
Address City Phone - Salon Phone - CITY: CHILD SUPPORT INFORMATION lease mark the appropriate response (failure to mark one of the three will result in denial of the renewal): I am not subject to a court order for the support of a child. I am subject to a court order for the support of one or more children and am in compliance with the order or ompliance with the plan approved by the District Attorney or other public agency enforcing the order for the amount pursuant to the order I am subject to a court order for the support of one or more children and am NOT in compliance with the order or one to make the country of the support of one or more children and am NOT in compliance with the order or one to make the country of the support of one or more children and am NOT in compliance with the order or one country of the amount pursuant to the order. I am subject to a court order for the support of one or more children and am NOT in compliance with the order or one country of the amount pursuant to the order. Signature: Justing the NRS 644.214 "Any applicant for the issuance or renewal of a license or evidence of registration issued pursuant to NRS 644.214 "Any applicant for the issuance or renewal of a license or evidence of registration issued pursuant to NRS 425.520. The second the submit to the board the statement prescribed by the welfare division of the Department of Human Resources pursuant to NRS 425.520. The second the submit to the order and signed by the applicant, and must include the Social Security Number of the applicant.	
Address City Phone Salon Phone E-Mail CHILD SUPPORT INFORMATION Rease mark the appropriate response (failure to mark one of the three will result in denial of the renewal): I am not subject to a court order for the support of a child. I am subject to a court order for the support of one or more children and am in compliance with the order or ompliance with the plan approved by the District Attorney or other public agency enforcing the order for the amount pursuant to the order I am subject to a court order for the support of one or more children and am NOT in compliance with the order or one amount pursuant to the order for the support of one or more children and am NOT in compliance with the order for the support of one or more children and am NOT in compliance with the order for the support of one or more children and am NOT in compliance with the order for the support of the amount pursuant to the order. Ocial Security No: Date: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature to NRS 644.212 and NRS 644.214 "Any applicant for the issuance or renewal of a license or evidence of registration issued pursuant to NRS 644.212 and NRS 644.214 "Any applicant for the issuance or renewal of a license or evidence of registration issued pursuant to NRS 644.55.520. The second the statement prescribed by the welfare division of the Department of Human Resources pursuant to NRS 425.520. The second the applicant, and must include the Social Security Number of the applicant.	
Phone	
Phone -	
E-Mail CITY: CHILD SUPPORT INFORMATION Please mark the appropriate response (failure to mark one of the three will result in denial of the renewal): I am not subject to a court order for the support of a child. I am subject to a court order for the support of one or more children and am in compliance with the order or compliance with the plan approved by the District Attorney or other public agency enforcing the order for the amount pursuant to the order I am subject to a court order for the support of one or more children and am NOT in compliance with the order of the amount pursuant to the order OOT in compliance with a plan approved by the District Attorney or other public agency enforcing the order for epayment of the amount pursuant to the order. Social Security No: Date: Signature: Dursuant to NRS 644.212 and NRS 644.214 "Any applicant for the issuance or renewal of a license or evidence of registration issued pursuant to NRS 644.11 submit to the board the statement prescribed by the welfare division of the Department of Human Resources pursuant to NRS 425.520. The second leads of the applicant.	
CHILD SUPPORT INFORMATION Clease mark the appropriate response (failure to mark one of the three will result in denial of the renewal): I am not subject to a court order for the support of a child. I am subject to a court order for the support of one or more children and am in compliance with the order of compliance with the plan approved by the District Attorney or other public agency enforcing the order for the amount pursuant to the order I am subject to a court order for the support of one or more children and am NOT in compliance with the order NOT in compliance with a plan approved by the District Attorney or other public agency enforcing the order for epayment of the amount pursuant to the order. Social Security No: Date: Signature: Date: Signature: Signature: Date: Signature: Date: Date: Date: Date: Date: Date: District Attorney or other public agency enforcing the order for epayment of the amount pursuant to the order. Social Security No: Date: Date: Signature: Date: D	
CHILD SUPPORT INFORMATION Please mark the appropriate response (failure to mark one of the three will result in denial of the renewal): I am not subject to a court order for the support of a child. I am subject to a court order for the support of one or more children and am in compliance with the order of compliance with the plan approved by the District Attorney or other public agency enforcing the order for the amount pursuant to the order I am subject to a court order for the support of one or more children and am NOT in compliance with the order of NOT in compliance with a plan approved by the District Attorney or other public agency enforcing the order for appayment of the amount pursuant to the order. Social Security No: Date: Signature:	
ompliance with the plan approved by the District Attorney or other public agency enforcing the order for the replace amount pursuant to the order. I am subject to a court order for the support of one or more children and am NOT in compliance with the order. I am subject to a court order for the support of one or more children and am NOT in compliance with the order. I am subject to a court order for the support of one or more children and am NOT in compliance with the order for epayment of the amount pursuant to the order. I am subject to a court order for the support of one or more children and am NOT in compliance with the order for epayment of the amount pursuant to the order. I am subject to a court order for the support of one or more children and am NOT in compliance with the order for epayment of the amount pursuant to NRS 644.214 and NRS	
Pursuant to NRS 644.212 and NRS 644.214 "Any applicant for the issuance or renewal of a license or evidence of registration issued pursuant to NRS 644.15 inclusive, shall submit to the board the statement prescribed by the welfare division of the Department of Human Resources pursuant to NRS 425.520. The size completed and signed by the applicant, and must include the Social Security Number of the applicant.	
Pursuant to NRS 644.212 and NRS 644.214 "Any applicant for the issuance or renewal of a license or evidence of registration issued pursuant to NRS 644.15 inclusive, shall submit to the board the statement prescribed by the welfare division of the Department of Human Resources pursuant to NRS 425.520. The see completed and signed by the applicant, and must include the Social Security Number of the applicant.	
nclusive, shall submit to the board the statement prescribed by the welfare division of the Department of Human Resources pursuant to NRS 425.520. The se completed and signed by the applicant, and must include the Social Security Number of the applicant.	
Do not write below this line; for Nevada State Board of Cosmetology use only	
Received Received Receipt # Amount Paid \$	